

DEPARTMENT OF COMMERCE

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15516

State File No.

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1105

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Berkley City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Dowling Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Rudolph L. Riehl

3. (b) If veteran, name war 3. (c) Social Security No. 492-01-3875

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Louie C. Riehl 6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased May 20 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 11 17 hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Tool and Dye Maker

11. Industry or business Machinist

12. Name Edward Riehl

13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Louisa Ene

15. Birthplace Berlin Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Louie C. Riehl

(b) Address Berkley City, Mo.

17. (a) Burial (b) Date thereof 5/10/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director L. M. White

(b) Address Ferguson, Missouri

19. (a) MAY 11 1943 (b) P. Y. McQuinn M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Berkley City
(If outside city or town limits, write "RURAL")
(d) Street No. Dowling Avenue
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7
year 1943 hour 6 minute 10 P.M.

21. I hereby certify that I attended the deceased from Jan 23rd - 1943 to May 7 - 1943
that I last saw him alive on May 7 - 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chd Myocarditis 1938

Due to

Due to Arteriosclerosis 1935
Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy no 938
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ✓
(b) Date of occurrence ✓
(c) Where did injury occur? ✓
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ✓

While at work? ✓ (Specify type of place) Means of injury ✓

23. Signature Roy Johnson (M. D. or other)
Address Ferguson Mo Date signed 5/7/43

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

L. S. White
3973

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.